

**REQUEST FOR CERTIFICATION OF BIRTH**

(Upstate LDSS to Out-of-State - Request to be used only when other state does not have a required form)

Agency: _____
Address: _____ _____
State: _____
Zip Code: _____

DATE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_  
(LDSS office use only)**TO WHOM IT MAY CONCERN:**

Please provide a birth certificate, or a certified copy thereof, that a record of this individual's birth is on file in your state to allow us to provide services from this agency.

(Name) _____, who states he/she was born on ____ / ____ / _____, in _____, in the State of _____.
His/her mother's maiden name was: _____
His/her father's name: _____
Signature of Client/Authorized Representative: _____ Date: _____

Please return this form **and** the birth certificate (or a certified copy) in the enclosed postage-paid envelope and mail it to the Local Department Social Services at the address indicated below:

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WORKER	PROGRAM/SECTION	PHONE NUMBER
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